

Convention Center Facility Financing Assistance Act Sales and Use Tax Information Form

• This form is for information purposes only. Do not remit any payment with this form.

Tax Period Nebraska Sales Tax Permit Number	PLEASE DO NO WRITE IN THIS SPACE
NAME AND LOCATION ADDRESS	NAME AND MAILING ADDRESS
Business Name	Business Name
Street Address (Do Not Use P.O. Box)	Street or Other Mailing Address
City State Zip Code	City State Zip Code

1 Enter the net taxable sales or services made on the premises of or delivered to the Qwest Center for the period indicated above	1	\$
2 Enter only the amount of state sales tax collected on the sales reported on line 1 (Note: The state sales tax rate is 5.5%)	2	\$

Do not pay this amount.

Under penalties of law, I declare that I have examined this form, and to the best of my knowledge and belief, it is correct and complete.

**sign
here**

Authorized Signature _____ Title _____ Date _____ Telephone Number () _____

INSTRUCTIONS

WHO MUST FILE. Every person collecting and reporting sales tax for taxable sales or services made on the premises of or delivered to the Qwest Center.

WHEN AND WHERE TO FILE. Send the information form to the Nebraska Department of Revenue, P. O. Box 98923, Lincoln, NE 68509-8923 on or before the 25th day of the month following the month the reported sales were made. Please do not remit any payment with this form. To prevent any processing problems, please send this information form separate from your Nebraska Sales and Use Tax Return, Form 10.

SPECIFIC INSTRUCTIONS

TAX PERIOD. Fill in the month and year the taxable

sales or services were made on the premises of or delivered to the Qwest Center.

NEBRASKA SALES TAX PERMIT NUMBER. Enter your valid Nebraska Sales Tax Permit Number.

NAME, LOCATION AND MAILING ADDRESS. Complete the Name and Location Address and Name and Mailing Address Blocks. If the addresses are identical, complete only the Location address and write "same" in the Mailing address.

LINE 1. Enter **only** the amount of net taxable sales or services made at the Qwest Center.

LINE 2. Enter only the **state** sales tax (5.5%) collected on the net taxable sales or services made at the Qwest Center. Do not remit any payment with this form.

For tax assistance, call 1-800-742-7474 (toll free in NE & IA) or 1-402-471-5729.

Please mail this form on or before the 25th day of the month following the tax period indicated above to:
NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98923, LINCOLN, NE 68509-8923